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INFORMATION DISCLOSURE				Complete if Known		
STAT	EMENT E	BY APPLICA	NT	<b>Application Number</b>	10/614,532	
				Filing Date	July 7, 2003	
				First Named Inventor	David H. McFadden	
				Art Unit	3749	
				Examiner Name	Suereth, Sarah Elizabeth	
(	(Use as many she	eets as necessary)				
Sheet	1	of		Attorney Docket No: 54330/322597		

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**EXAMINER** 

/Sarah Suereth/ (04/08/2009)

**DATE CONSIDERED** 

Substitute Disclosure Statement Form (PTO-1449)

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language Translation is attached

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				Filing Date	July 7, 2003	
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(1)	(Use as many sheets as necessary)					
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/Sarah Suereth/ (04/08/2009) **EXAMINER**